

MINISTRY OF HEALTH



THE REPUBLIC OF UGANDA

## **FISTULA DEATH REPORTING FORM**

Produced by: The Department of clinical Services  
Ministry of Health  
Government of Uganda  
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## ABBREVIATIONS

VVF	Vesico-Vaginal Fistula
RVF	Recto-Vaginal Fistula
UDHS	Uganda Demographic Health Survey
EmONC	Emergency Obstetric and new born Care
VHT	Village Health Team
HSD	Health Sub-District
CBO	Community Based Organisation
SHG	Self Help Group
IEC	Information Education and Communication
BCC	Behaviour Change Communication
TWG	Technical Working Group
MOH	Ministry of Health
DHT	District Health Team
SRHR	Sexual and Reproductive health and Rights
FBO	Faith Based Organisation
MNH	Maternal and Newborn Health
YFHS	Youth Friendly Health Services
PNFP	Private Not For Profit
ANC	Antenatal Care
CBT	Competency based training
FP	Family Planning
HIV	Human Immunodeficiency virus
IP	Infection Prevention
PNA	Performance needs assessment

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## FOREWORD

The government has instituted measures to accelerate the reduction of maternal morbidity and mortality including the development of the Roadmap to accelerate reduction of maternal and neonatal morbidity and mortality, increasing funding for reproductive health commodities, increasing the number of regional referral hospitals and improving the capacity of existing regional referral hospitals, and earmarking funds for reproductive health. As we endeavour to deliver on the outputs of the Roadmap, we still have women succumbing to complications of pregnancy and in particular obstetric fistula.

Obstetric fistula is the single most important complication of pregnancy. A typical victim of this glaring condition is a young girl that is poor, illiterate and from a rural area. In 2006, 2.63% of women of reproductive age reported to have experienced symptoms of obstetric fistula immediately after birth.

By developing these fistula death reporting tool for Treatment and Prevention of Female Genital Fistulae Services in Uganda, the government and Ministry of Health is reiterating its commitment towards eliminating this condition through audit and best practice. This tool is intended to guide policy makers, service providers and all stakeholders in auditing, identifying possible causes of death and acting on recommendations during treatment and care of female genital fistulae.

I therefore, call upon all stakeholders from Government, Civil Society, Private sector and Development Partners to utilize this tool in fistula care and management

Dr Jane Aceng  
Director General of Health Services  
Ministry of Health

## ACKNOWLEDGEMENT

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It is hoped that this tool will be used to guide all stakeholders in auditing deaths during fistula treatment and care in Uganda.

Dr Amandua Jacinto  
Commissioner Clinical Services  
Ministry of Health

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## INSTRUCTIONS AND REPORT

Date of Report...\_\_\_\_\_

### Instructions

The mortality report must be filled in 2 phases.

Phase 1. Immediate notification of the death should be made to the relevant immediate supervisor or head (*head of department/Incharge/director*) by the person who witnessed the death. The initial mortality report must be made/filled within 3 days of the health facility being aware of the death. The report should be sent to the head (*head of department/Incharge/director*)

Phase 2: The detailed mortality report must be made within 2 weeks of health facility learning of death and following comprehensive discussions and clinical reviews. This report should be sent to the MoH by the Incharge/Director

N.B: Every death must be discussed within the health facility.

Health Facility.....Level.....

Ownership.....

Health Sub-district.....

District.....

Name of Incharge/Director.....

Name of patient.....IP NO.....

Age:.....Height.....Weight.....

Marital status.....

Address

District.....Subcounty.....

.....

Parish.....Village.....

.....

Name of next of Kin.....Relationship.....

Contact of next of Kin.....

Date of fistula treatment related procedure (day/month/yr).....  
Date of death.....  
Name of health facility where surgery procedure was performed.....

Parity.....  
Date of last delivery.....  
Date of onset of fistula.....  
Name of health facility where complication that led to death occurred.....  
Date of onset of complication that led to death day month year.....

Operating surgeon's level of competency.....

Level of Anaesthetist.....

#### Relevant medical history

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#### Pre-operative physical findings

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#### Pre-operative lab findings

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#### Type of procedure(s)

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#### Type of anaesthesia (please circle)

- i. General
- ii. Spinal/epidural
- iii. Local with sedation
- iv. Local without sedation



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v. Other anaesthesia/sedation, specify.....

Endo-tracheal intubation: yes\_\_\_ or no\_\_\_?

***If death is thought to be related to surgery, please complete the tables below***

List/table of anaesthetic agents, sedatives and muscle relaxants

Time	agent			

Table of vital signs during surgery

Time	BP	pulse	Respiratory rate	remarks

Duration of surgery, total time spent: Hours\_\_\_\_\_minutes\_\_\_\_\_

Table of vital signs for first 6 hours after surgery/procedure

Time	BP	Pulse	Respiratory rate	remarks

In the space below, describe in detail what happened in chronological order.

Include all symptoms, differential diagnoses and actions taken during the course of the complication/s from initial indication of a problem until death, including relevant notes from referral stations elsewhere.

Whenever possible, record the time of each occurrence.

Include reactions to medication or blood transfusion

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Likely cause of death (at least three causes, sequentially):

1. ....
2. ....
3. ....

Likely contributing factors

1. ....
2. ....
3. ....

Was death attributable to the procedure? .....

Please specify.....

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Was death preventable?.....

Please specify.....

Is diagnosis Presumptive or Definitive?.....

Please specify.....

Was a postmortem examination performed? Yes\_\_\_\_\_No\_\_\_\_\_.

If yes, what were the findings?

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Was all emergency equipment present and functioning in room where client died?

Yes\_\_\_\_\_No\_\_\_\_\_

If no please specify.....

22. What changes in practice, training or procedures are being taken to avoid a similar situation in future?

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23. Recommendations by health facility to reduce risk or similar incidents in future

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**COMMENTS:**

Head of Department or Unit

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Director/In-charge

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Name of person filling out report.....

Title.....

Signature.....

